Craniofacial Anomalies: Surgical-Orthodontic Management

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The treatment of congenital craniofacial deformities is extremely complex.

Our aim should be an ideal morphological and functional correction, although, unfortunately, our results are still far from perfect.

Interdisciplinary cooperation between the surgeon and the orthodontist is fundamental in order to reach this objective, and it is much more challenging than the usual collaboration which is routinely needed in the treatment of dento-facial deformities.

In the latter case most situations are standardized, each with its peculiar problem and each with its well coded orthodontic and surgical treatment strategies.

Different is the case of congenital craniofacial malformations, where each deformity is radically different from the other at start.

To this we need to add the effect of a primary treatment which might have had different results from case to case.

Different amounts of scar tissue might be present, lip and tongue muscular function might be differently hindered, teeth might deformed or missing, maxillary growth might be variably impaired or intrinsically poor.

These are all issues which it make it impossible to standardize the treatment of these patients and impose an individual treatment plan with a close collaboration between surgeon and orthodontist, who need to discuss the options together with the patients.

In this precious, unique volume, devoted to this very peculiar pathology, the reader may find the bases which allow to address with a rational approach, the best solution for each child with a craniofacial deformity.

A Craniofacial malformation is an anomaly of embryonic development that results in a serious impairment of the normal anatomy of the skull, the jaws and the adjacent soft tissues.

Three-quarters of the malformations diagnosed at birth fall in the category “craniofacial”.

The most common facial malformations are cleft lip and cleft palate.

Less frequent are the syndromes of the I and II branchial arches, malformations that predominantly affect the mandible and the adjacent soft tissues, symmetrically or asymmetrically, such as hemifacial microsomia (Oto-mandibular Syndrome) or Franceschetti syndrome (or Treacher Collins).

Even more rare are the forms more accurately called “craniofacial”, that primarily involve the midface and the skull, called cranio-facial-synostosis, such as Apert Syndrome (1 in 100,000) or Crouzon syndrome (1 in 25,000).

Then, there are very rare syndromes, such as Beckwith Wiedemann syndrome, Achondroplasia, Oro-facial-digital syndrome, which the orthodontist is required to know in depth, as they have a significant involvement of the jaws.

The birth of a child with a facial deformity is a devastating event for most parents, who often have never seen or heard about similar malformations.

For some parents it is very difficult to accept the deformity of the child because it involves the face making the child appear completely different from all the others.

Feelings of rejection, guilt, and anxiety gradually develop. Children with craniofacial deformities require a very detailed and specific medical support.

Therefore, the geneticist, the surgeon, the neonatologist, the pediatrician, the neurosurgeon, the ENT, the orthodontist, the ophthalmologist, the speech therapist and speech pathologist, and many other specialists who will take care of these patients should all have a very specific expertise in the field and a habit of close collaboration, because the problems of these patients often differ substantially from those of the so-called normal patients.

Through a multidisciplinary treatment by these different specialists, a child affected by a craniofacial malformation can, nowadays, achieve results which could not have been hoped for, only a few years ago.

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